County: Bayfield
NORTHERN LIGHTS HEALTH CARE CENTER
706 BRATLEY DRIVE
WASHBURN 54891 Phone:

WASHBURN 54891 Phone: (715) 373-5621
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 75
Total Licensed Bed Capacity (12/31/00): 77
Number of Residents on 12/31/00: 73

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related Skilled No Yes 72

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals	No No No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures	0. 0 43. 8 8. 2 0. 0 0. 0 0. 0 8. 2	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	4. 1 8. 2 21. 9 53. 4 12. 3	Less Than 1 Year 1 - 4 Years More Than 4 Years ********************************** Full-Time Equival Nursing Staff per 100 (12/31/00)	
Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No Yes No No	Cardi ovascul ar Cerebrovascul ar Di abetes Respi ratory Other Medical Conditions	8. 2 16. 4 9. 6 5. 5 0. 0 100. 0	65 & Over Sex Male Female	95. 9 %	RNs LPNs Nursing Assistants Aides & Orderlies	10. 1 8. 8 35. 2

Method of Reimbursement

	Medi care (Title 18)		(Medicaid (Title 19)			Other Pri va			ri vate	Pay	 I	Manageo	l Care		Percent	
			Per Di	em		Per Die	m		Per Die	m		Per Dien	1	Ŭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4	100.0	\$202. 23	52 1	100.0	\$98. 71	0	0.0	\$0.00	17	100.0	\$131.50	0	0.0	\$0.00	73	100.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100.0		52 1	100.0		0	0.0		17	100.0		0	0.0		73	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 8.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 15. 1 53.4 31. 5 73 21. 9 Other Nursing Homes 12.5 Dressi ng 54.8 23. 3 73 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 45. 2 73 73. 2 24. 7 30. 1 32.9 73 0.0 Toilet Use 41.1 26. 0 0.0 Eating 67. 1 0. 0 32. 9 73 ****** Other Locations 5.4 Total Number of Admissions 56 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 5. 5 16. 4 Private Home/No Home Health 35.1 Occ/Freq. Incontinent of Bladder 53. 4 0.0 Private Home/With Home Health 24.6 Occ/Freq. Incontinent of Bowel 28.8 1.4 Other Nursing Homes 1.8 1.4 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 5.3 Mobility 0.0 Physically Restrained 0.0 1.8 31.5 0.0 Other Locations 1.8 Skin Care Other Resident Characteristics 29. 8 Deaths With Pressure Sores 6.8 Have Advance Directives 100.0 Total Number of Discharges With Rashes 12.3 Medi cati ons Receiving Psychoactive Drugs (Including Deaths) 63.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownershi p:				Si ze:		ensure:				
	Thi s	Non	orofit	50-	- 99	Ski l	led	All Facilities			
	Facility	Peer	Group	Peer		Peer	Group				
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	93. 5	88. 0	1.06	85. 4	1. 09	84. 1	1. 11	84. 5	1. 11		
Current Residents from In-County	87. 7	79. 3	1. 11	72. 9	1. 20	76. 2	1. 15	77. 5	1. 13		
Admissions from In-County, Still Residing	23. 2	24. 2	0. 96	21. 3	1. 09	22. 2	1. 05	21. 5	1.08		
Admissions/Average Daily Census	77.8	102. 4	0. 76	101. 3	0. 77	112. 3	0. 69	124. 3	0. 63		
Discharges/Average Daily Census	79. 2	99. 2	0.80	101. 3	0. 78	112.8	0. 70	126. 1	0.63		
Discharges To Private Residence/Average Daily Census	47. 2	33. 8	1.40	37. 6	1. 25	44. 1	1. 07	49. 9	0. 95		
Residents Receiving Skilled Care	100	88. 7	1. 13	89. 6	1. 12	89. 6	1. 12	83. 3	1. 20		
Residents Aged 65 and Older	95. 9	96. 0	1.00	93. 4	1.03	94. 3	1. 02	87. 7	1.09		
Title 19 (Medicaid) Funded Residents	71. 2	68. 6	1. 04	69. 0	1.03	70. 1	1. 02	69. 0	1.03		
Private Pay Funded Residents	23. 3	26. 2	0. 89	23. 2	1.00	21.4	1.09	22. 6	1.03		
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00		
Mentally Ill Résidents	52. 1	38. 6	1. 35	41.5	1. 25	39. 6	1. 31	33. 3	1. 56		
General Medical Service Residents	0. 0	16. 4	0.00	15. 4	0.00	17. 0	0.00	18. 4	0.00		
Impaired ADL (Mean)	46. 3	46. 9	0. 99	47.7	0. 97	48. 2	0. 96	49. 4	0.94		
Psychological Problems	63. 0	53. 4	1. 18	51. 3	1. 23	50.8	1. 24	50. 1	1. 26		
Nursing Care Required (Mean)	8. 7	6. 5	1. 35	6. 9	1. 26	6. 7	1. 30	7. 2	1. 22		